



Stow Council on Aging Volunteer Application

Date: _____

Please complete this application and return it to the Stow Council on Aging, 509 Great Road, Stow, MA 01775. Contact us at 978-897-1880 with any questions.

Name: _____
Street Address: _____
Mailing Address: _____
City, State: _____
Date of Birth: _____
Home Phone: _____
Cell: _____
Email: _____

Please check the area(s) in which you are interested in volunteering.

- | | |
|--|---|
| <input type="radio"/> Baker | <input type="radio"/> Handyman |
| <input type="radio"/> Board Member-SFCOA | <input type="radio"/> Instructor/ Educator |
| <input type="radio"/> Board Member-COA Board | <input type="radio"/> Newsletter |
| <input type="radio"/> Breakfast (monthly) | <input type="radio"/> Office Help |
| <input type="radio"/> Bridges Together Program | <input type="radio"/> Other _____ |
| <input type="radio"/> Computer Help | <input type="radio"/> Receptionist |
| <input type="radio"/> Crafter | <input type="radio"/> Repair Cafe |
| <input type="radio"/> Entertainer | <input type="radio"/> Shopping/ Errands |
| <input type="radio"/> Financial Planning | <input type="radio"/> Soup prep |
| <input type="radio"/> Food Pick-up | <input type="radio"/> Special Events |
| <input type="radio"/> Food Sorter | <input type="radio"/> Transportation-Local* |
| <input type="radio"/> Friendly Visitor | <input type="radio"/> Transportation-Out of Area* |

*Local transportation includes all towns surround Stow. Out of Area transportation may mean travelling to Bedford, Boston, Burlington, Framingham or Worcester. Additional

information (including obtaining your driving record and a description of your vehicle) will be required for volunteer drivers.

Please check your areas of expertise or interest. Check all that apply.

- | | |
|---|--|
| <input type="radio"/> Accounting/Banking | <input type="radio"/> Graphic Arts |
| <input type="radio"/> Artist | <input type="radio"/> Human Resources |
| <input type="radio"/> Building/Maintenance | <input type="radio"/> Legal |
| <input type="radio"/> Computer | <input type="radio"/> Management/Business |
| <input type="radio"/> Crafts | <input type="radio"/> Medical |
| <input type="radio"/> Educator | <input type="radio"/> Musician |
| <input type="radio"/> Entertainer | <input type="radio"/> Receptionist/Secretarial |
| <input type="radio"/> Event Planning | <input type="radio"/> Religion |
| <input type="radio"/> Fundraising/Marketing | <input type="radio"/> Social Work |
| <input type="radio"/> Government/State | |

Please provide the following information if applicable.

Current Occupation: _____

Hobbies: _____

Please provide any additional information you feel is relevant.

Please indicate your availability. Check all that apply.

- | | | |
|----------------------------------|--|---------------------------------|
| <input type="radio"/> Weekly | <input type="radio"/> Morning (8-12) | <input type="radio"/> Monday |
| <input type="radio"/> Bi-monthly | <input type="radio"/> Mid-day (10-2) | <input type="radio"/> Tuesday |
| <input type="radio"/> Monthly | <input type="radio"/> Afternoon (12-4) | <input type="radio"/> Wednesday |
| <input type="radio"/> As Needed | | <input type="radio"/> Thursday |
| | | <input type="radio"/> Friday |

PLEASE BE SURE TO INCLUDE A COPY OF YOUR LICENSE – BOTH FRONT AND BACK – TO ACCOMPANY THE CORI FORM

For Staff Use Only:	Application _____	Confidentiality _____
CORI _____	License _____	Note: _____

Thank you for thinking of the Council on Aging!

COA Volunteer Application July 2019



Town of Stow Confidentiality Agreement

It is understood and agreed to that I may see certain confidential information in the course of my work for the Town of Stow that is and must be kept confidential. To ensure the protection of such information and to preserve any confidentiality necessary under statute and Town of Stow policy, it is agreed that:

1. The Confidential Information could include but may not be limited to the following:

Personal identifying data for employees, volunteers, licensees, contractors, or the public, such as date of birth or social security number, medical or health information for the individual or family members, and CORI-related information; information related to Town litigation or contract negotiations; and information from Executive Session meetings not yet released to the public record.

2. The Recipient agrees not to disclose the Confidential Information obtained from the Town of Stow to anyone unless required to do so by law.
3. This Agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.
4. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

WHEREFORE, I acknowledge that I have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Name (Print or Type): _____

Signature: _____ Date: _____

Aug 8, 2012



TOWN OF STOW, MASSACHUSETTS

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, and LICENSING PURPOSES.

The Town of Stow is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, and current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant, or current licensee, I understand that a CORI check will be submitted for my personal information to the Mass Department of Criminal Justice Information Systems (DCJIS). I hereby acknowledge and provide permission to the Town of Stow to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Town of Stow written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, AND LICENSING PURPOSES ONLY.

The Town of Stow may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Town of Stow must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

5/31/2012

SUBJECT INFORMATION:

Asterisk (*) denotes required information

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth

Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE

The information was verified with the following form of government issued photographic identification:

(ATTACH COPY)

Verified by: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee



Town of Stow
Council on Aging
509 Great Road
Stow, Massachusetts 01775
(978) 897-1880
FAX (978) 897-0486

STOW COA VOLUNTEER INDEMNIFICATION AGREEMENT

I shall, to the maximum extent permitted by law, indemnify and save harmless the Town of Stow, its officers, agents, volunteers, and employees from and against any and all damages, liabilities, actions, suits, proceedings, claims, demands, losses, costs and expenses (including reasonable attorneys' fees) that may arise out of or in connection with my volunteer services.

COA Volunteer _____

(Participant's Name - printed)

(Participant's Signature)

(Date)

Return to:
Town of Stow
Council on Aging
Attn: Transportation Coordinator
509 Great Road Stow,
MA 01775